

RETURN FORMS TO THE YOUTH CENTERS OR ACTIVITY CENTER AT BOHRER PARK

National Institutes of Health Tour

Thursday - April 18, 2019

9:15 - 2:15pm

Activity Center at Bohrer Park

506 S Frederick Ave. Gaithersburg, MD 20877

*Transportation is provided to/from the
National Institute of Health in Bethesda.*

Student Union, Grades 9-12

FREE!

StudentUnion@gaithersburgmd.gov
301-258-6350 (office)
301-948-8364 (fax)
506 South Frederick Avenue
Gaithersburg, MD 20877



Are you interested in a career the medical field and/or medical research? Join us at the National Institutes of Health to learn about research training programs, tour a lab, and visit the National Library of Medicine. **SPACE IS LIMITED! Bring a lunch or money to purchase food at the cafeteria on campus.**

Student Union - NIH Tour 4.18.19

Parent's Last Name _____ Parent's First Name _____
Address _____ City/State/Zip _____
Home Phone _____ Work Phone _____ City Resident ☐ Nonresident ☐
Email _____

Participant's Name	M/F	Birthdate	Activity	Location	Grade	School
			NIH Tour	ACBP		

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

Print Parent/Guardian Name

Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? **Y** ☐ **N** ☐
Please specify:

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least three weeks prior to the start of the program. Call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ _____ n/a _____ Cash ☐ Check # _____
Visa/MC/Disc/Amex# _____ Exp. ____/____
Signature (name on card) _____
Print Name _____

Office Use Only: # fwd to Maura

Rec'd: _____ Initials _____

W P M F Resident: Y N

Pr: _____ Date: _____